

AUTOPAY CHANGE FORM

20256 W. MILL RD, GALESVILLE, WI 54630 ♦ 608-582-FLIP (3547) ♦ www.blueangelsgymnastics.org

I authorize Blue Angels Gymnastics Club to make the following changes to my Blue Angels AutoPay account. I authorize Blue Angels Gymnastics Club to initiate either an electronic debit or to create and process a demand draft against my bank account according to the terms outlined below. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

Terms of Billing

New Payment Amount

Starting on _____ and on the 1st of each month following through _____ for the amount of _____.
Month/Day/Year (starting month) Month/Day/Year (last month) Monthly Lesson Fee

New Bank Information

Bank ABA (Routing) Number: _____

Bank Account Number: _____

Phone Number: _____

Bank Account Type: Checking Savings Business Checking

New Credit Card Information

Name on Card: _____

Credit Card Number: _____

Expiration Date: _____

Mailing Address Zip Code: _____

Visa MasterCard American Express Discover

Stop AutoPay

This payment authorization is to remain in full force and effect until I, _____, notify Blue Angels Gymnastics Club of its cancellation by sending written notice in accordance with club policies and in such time and manner to allow both the Blue Angels Gymnastics Club and receiving financial institution a reasonable opportunity to act on it. Gymnast level changes also require notification.

Printed name

Signature and Date

To better help serve our customers, we ask that you please list reason(s) for leaving BAGC at this time. This is not a requirement of this form and will only be used for business management purposes.

If the available payment options do not meet your needs, please contact the Financial Director at bagcdelaney@centurytel.net or (608)790-5567 to discuss additional options.